

TREATMENT PROTOCOL: SEIZURE (ADULT) *

1. Basic airway/spinal immobilization prn
2. Pulse oximetry
3. Oxygen prn
4. Advanced airway prn
5. If eclampsia suspected, DO NOT delay transport for treatment.
6. Cardiac monitor prn: document rhythm and attach ECG strip if dysrhythmia identified
7. Venous access prn if post ictal or still actively seizing
8. Perform blood glucose test, if blood glucose is less than 60mg/dl:
 Consider oral glucose preparation if patient is awake and alert
 Dextrose 50% 50ml slow IV push or 10% 250mL IVPB
 Caution in administering to alert patients with acute focal neurological deficits
 If unable to obtain venous access:
 Glucagon
 1mg IM
9. If patient is still actively seizing (may include tonic and/or clonic activity or focal seizure with altered level of consciousness)
 Midazolam
 2-5mg slow IV push, titrate to control seizure activity
 5mg IN or IM if unable to obtain venous access
 May repeat one time in 5min, maximum total adult dose 10mg all routes
10. If altered level of consciousness and strong suspicion of narcotic overdose, treat by Ref. No. 1247, Overdose/Poisoning (Suspected) Treatment Protocol
11. **CONTINUE SFTP or BASE CONTACT**
12. If blood glucose remains less than 60mg/dl:
 Dextrose 50% 50mL slow IV push or 10% 250mL IVPB
13. If patient has severe post-ictal agitation:
 Midazolam
 2-5mg slow IV push
 5mg IN or IM if unable to obtain venous access
 May repeat one time in 5min, maximum total adult dose 10mg all routes
14. If unable to obtain venous access and blood glucose remains less than 60mg/dl:
 Glucagon
 1mg IM
 May be repeated every 20min two times